

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
Autumn Ridge Retirement Home	Present Time 10 Staff
	14 Residents
<b>TOTAL POPULATION SERVED</b>	24



AI 1536

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	67	24.5	4
TOTAL SUSPENDED SOLIDS	310	82	4
FECAL COLIFORM	390	105	4
TOTAL RESIDUAL CHLORINE	N/A <0.001	<0.001	1
OIL AND GREASE	N/A- <5.4	<5.4	1
CHEMICAL OXYGEN DEMAND	N/A REQUEST WAIVER		
TOTAL ORGANIC CARBON	N/A REQUEST WAIVER		
AMMONIA	<1	<1	4
DISCHARGE FLOW	0.002	.0011	4
pH	7.4	7.1	4
TEMPERATURE (WINTER)	N/A		
TEMPERATURE (SUMMER)	N/A		

B. Frequency and duration of flow:	cont.
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### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Sam Willett, President	(270) 345-2116
SIGNATURE	DATE
<i>Sam Willett</i>	8-1-08